

Title: Paper 7.0 Review of the effectiveness of Quality of Care Teams

Report to: Council of Governors

Report from: Mrs Jill Foster, Chief Nurse

Date: 4 November 2015

The Quality of Care Teams, formerly known as local Risk Management Teams, have been in place in HDFT since 2003. The aim of these multidisciplinary teams is to ensure that quality and safety is discussed as a matter of priority at the local level. The groups look at delivery of the service including patient safety, incidents, complaints, alerts, audits and assessment of risk. They maintain a departmental risk register. The aim is to ensure multidisciplinary teams are actively addressing quality and safety issues, managing risk, sharing good practice and experience, and that there is evidence of this.

Each clinical directorate is responsible for identifying the local Quality of Care Teams and monitoring their effectiveness through the Directorate Governance Groups / Quality Boards. The number of quality care teams is determined by the Directorate.

A number of Quality of Care Teams have a Governor “buddy”, who works with the team to provide a wider perspective on patient experience. In addition, the involvement of Governors within effective Quality of Care Teams assists the Governors in their role of assuring the quality of care within the team.

Governor	Area
Pamela Allen	Littondale / Nidderdale
Sally Blackburn	Joint HV and School Nursing Harrogate and rural
Liz Dean	Lascelles
Pat Jones	Paediatrics
Joanna Parker	Maternity
Joyce Purkis	Emergency Department
Andy Robertson	Ripon and Virtual ward teams
Mervyn Willshaw	SROMC

To support the effective functioning of quality of care teams, there is a standard operating procedure, a terms of reference template, an agenda template and an action notes template.



There has been feedback received and concerns raised about the effectiveness of quality of care teams. The Trust has changed considerably since the quality of care team model was established and it is appropriate to review the model.

Methodology

The governance lead for each of the clinical directorates was approached in September 2015 and asked for information about their Quality of Care Teams. Feedback has been sought from some quality of care team chairs and directorate quality leads.

The directorates provided a list of their Quality of Care Teams, the meeting dates in 2015 that they were aware of, and the copies of the minutes that they had on file. The minutes provided for each team were reviewed and assessed for content relevant to the key items on the agenda template.

Results

The results show that there is considerable variability in the Quality of Care Teams across the organisation. The multidisciplinary contribution is variable, with some meetings demonstrating good representation, attendance and participation, and others struggling to meet at all, often due to the difficulty in getting staff released from other duties.

Some good practice has been identified, and there has been considerable effort put into establishing and supporting some of the quality of care teams, with significant improvement in some areas and some useful outcomes. In addition some innovative solutions have been found, with the Wheelchair Service having a telephone based quality of care team meeting in several locations at the same time.

Some of the key concerns raised from this review have been identified below:

- Some teams are meeting monthly, but many are meeting much less regularly.
- There is an inconsistent focus on the required elements of quality.
- Some meetings are incorporated into the departmental staff meeting, which is helpful regarding use of time and promoting attendance but means that the quality focus is sometimes lost.
- There was limited reference to ensuring communication with other staff not at the meeting.
- The documentation of actions to address issues discussed, and the escalation of concerns to the directorate governance meetings was sometimes missing, suggesting that there was not always a focus on getting effective progress and outcomes.
- Learning and improving from audit was not highlighted. The focus seemed to be on doing the audits e.g. Surgical Sept 2014 "all routine audits ongoing".
- Reference to risk registers was generally to confirm that there were no new risks to add, with no evidence of detailed review of progress with actions to mitigate risk.
- There was no focus on the Trust objectives and very limited focus on current quality improvement priorities.

Recommendations

The detailed findings have been discussed and actions agreed to address the shortcomings at Senior Management Team (SMT) on 21 October 2015. The result of actions being undertaken is expected to be reported back to SMT in December 2015.